

FORM B1 United States Bankruptcy Court WESTERN District of NEW YORK		Voluntary Petition																
Name of Debtor (if individual, enter Last, First, Middle): Anderson, Michael D.		Name of Joint Debtor (Spouse)(Last, First, Middle):																
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): NONE		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): 9509		Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all):																
Street Address of Debtor (No. & Street, City, State & Zip Code): 2551 Fix Road Grand Island NY 14072		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																
County of Residence or of the Principal Place of Business: Erie		County of Residence or of the Principal Place of Business:																
Mailing Address of Debtor (if different from street address): SAME		Mailing Address of Joint Debtor (if different from street address):																
Location of Principal Assets of Business Debtor (If different from street address above): NOT APPLICABLE																		
Information Regarding the Debtor (Check the Applicable Boxes)																		
Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																		
Type of Debtor (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank		Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding																
Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business		Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																		
Statistical/Administrative Information (Estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY																
Estimated Number of Creditors 1-15 16-49 50-99 100-199 200-999 1000-over <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																		
Estimated Assets <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">\$0 to \$50,000</td> <td style="text-align: center;">\$50,001 to \$100,000</td> <td style="text-align: center;">\$100,001 to \$500,000</td> <td style="text-align: center;">\$500,001 to \$1 million</td> <td style="text-align: center;">\$1,000,001 to \$10 million</td> <td style="text-align: center;">\$10,000,001 to \$50 million</td> <td style="text-align: center;">\$50,000,001 to \$100 million</td> <td style="text-align: center;">More than \$100 million</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

FORM B1, Page 2

Michael D. Anderson**Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)**

Location Where Filed:

NONE

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

NONE

Case Number:

Date Filed:

District:

Relationship:

Judge:

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Michael D. Anderson

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)

☐ Exhibit A is attached and made a part of this petition

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X /s/ Edwin R. Ilardo

Signature of Attorney for Debtor(s)

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health and safety?

☐ Yes, and exhibit C is attached and made a part of this petition.
☒ No

Signature of Attorney**X** /s/ Edwin R. Ilardo

Signature of Attorney for Debtor(s)

Edwin R. Ilardo

Printed Name of Attorney for Debtor(s)

Edwin R. Ilardo Law Office

Firm Name

5899 South Park Avenue

Address

P. O. Box 887Hamburg NY 14075-0887(716) 646-1190

Telephone Number

Date

Signature of Non-Attorney Petition Preparer

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

 Printed Name of Bankruptcy Petition Preparer

 Social Security Number

 Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X

Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

In re Michael D. Anderson / DebtorCase No. _____
(if known)**SCHEDULE D-CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column marked "Codebtor," include the entity on the appropriate schedule of creditors and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including Zip Code	C o d e b t o r	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, if any
		H--Husband W--Wife J--Joint C--Community					
Account No: 4269 Creditor # : 1 Drive Financial 8585 N Stemmons, Ste 800 Dallas TX 75247		2003 Car loan Value: \$ 5,500.00				\$ 7,315.00	\$ 1,815.00
Account No:							
Account No:							
Account No:							
Account No:							
No continuation sheets attached						Subtotal \$ (Total of this page) Total \$	7,315.00 7,315.00

(Use only on last page. Report total also on Summary of Schedules)

In re Michael D. Anderson / Debtor

Case No. _____

(if known)

SCHEDULE E-CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name and mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance or Support**

Claims of a spouse, former spouse, or child of the debtor, for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, custom duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

No continuation sheets attached

In re Michael D. Anderson / Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. H--Husband W--Wife J--Joint C--Community	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 6309 Creditor # : 1 DeGraff Memorial Hospital 445 Tremont Ave N Tonawanda NY 14120		1995-03 3476310/3476311/3476312/3476313/3476314				\$ 1,036.00
Account No: Creditor # : 2 Erie Co Dept of Social Service 95 Franklin St Buffalo NY 14202		1997 judgment docket #314785				\$ 5,727.41
Account No: 3843 Creditor # : 3 EXL Systems Inc c/o Prime Acceptance 200 W Jackson Blvd Ste 720 Chicago IL 60606-6941		1995-03				\$ 3,433.00
Account No: 2149 Creditor # : 4 Fairlane Credit LLC c/o Rubin & Rothman LLC 1787 Veterans Hwy Islandia NY 11749		1995-03 judgment docket #B47372				\$ 7,101.59
<div style="display: flex; justify-content: space-between;"> 2 continuation sheets attached <div> Subtotal \$ (Total of this page) Total \$ (Report total also on Summary of Schedules) </div> </div>						17,298.00

In re Michael D. Anderson / Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 0470 Creditor # : 5 Family Care Physicians PC c/o The Credit Bureau 19 Prince St Rochester NY 14607-1405		1995-03				\$ 70.00
Account No: 0001 Creditor # : 6 Great Lakes LLP Kenmore c/o Russell Collection Agy PO Box 7009 Flint MI 48507-0009		1995-03				\$ 119.00
Account No: Creditor # : 7 Hugill Home Const 2735 Bedell Rd Grand Island NY 14072		2003 Judgment index #12003-7931			X	\$ 58,375.07
Account No: 0376 Creditor # : 8 Kenmore Mercy Hospital c/o Creditors Interchange 80 Holtz Dr Cheektowaga NY 14225		1995-03				\$ 150.00
Account No: 4629 Creditor # : 9 Millard Fillmore Hospital c/o The Credit Bureau 19 Prince St Rochester NY 14607-1405		1995-03				\$ 100.00
Account No: 1684 Creditor # : 10 Mount St Mary's Hospital c/o Creditors Interchange 80 Holtz Dr Cheektowaga NY 14225		1995-03				\$ 633.00

Sheet No. 1 of 2 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims**Subtotal \$**
(Total of this page)**59,447.07****Total \$**

(Report total also on Summary of Schedules)

In re Michael D. Anderson / Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 2970		1995-03				\$ 3,232.85
Creditor # : 11 St Joseph Hospital 2605 Harlem Rd Cheektowaga NY 14225						
		judgment docket #B57609				
Account No: 0601		1995-03				\$ 370.00
Creditor # : 12 Twin City Phys Group c/o Niagara Frontier Cred Bur 2333 Elmwood Ave Buffalo NY 14217-2646						
		15337201/13836802				
Account No: 5581		1995-03				\$ 845.00
Creditor # : 13 Univera Healthcare c/o Creditors Interchange 80 Holtz Dr Cheektowaga NY 14225						
Account No: 3911		1995-03				\$ 320.00
Creditor # : 14 Western Niagara Physicians c/o CBJ Credit Recovery 117 W 4th St Jamestown NY 14701						
Account No:						
Account No:						

Sheet No. 2 of 2 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **4,767.85**

(Total of this page)

Total \$ **81,512.92**

(Report total also on Summary of Schedules)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK
WESTERN DIVISION**

In re *Michael D. Anderson*

Case No.
Chapter 7

_____/ Debtor
Attorney for Debtor: *Edwin R. Ilardo*

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Date: _____

/s/ Michael D. Anderson
Debtor

Drive Financial
8585 N Stemmons, Ste 800
Dallas, TX 75247

DeGraff Memorial Hospital
445 Tremont Ave
N Tonawanda, NY 14120

Erie Co Dept of Social Service
95 Franklin St
Buffalo, NY 14202

EXL Systems Inc
c/o Prime Acceptance
200 W Jackson Blvd Ste 720
Chicago, IL 60606-6941

Fairlane Credit LLC
c/o Rubin & Rothman LLC
1787 Veterans Hwy
Islandia, NY 11749

Family Care Physicians PC
c/o The Credit Bureau
19 Prince St
Rochester, NY 14607-1405

Great Lakes LLP Kenmore
c/o Russell Collection Agy
PO Box 7009
Flint, MI 48507-0009

Hugill Home Const
2735 Bedell Rd
Grand Island, NY 14072

Kenmore Mercy Hospital
c/o Creditors Interchange
80 Holtz Dr
Cheektowaga, NY 14225

Millard Fillmore Hospital
c/o The Credit Bureau
19 Prince St
Rochester, NY 14607-1405

Mount St Mary's Hospital
c/o Creditors Interchange
80 Holtz Dr
Cheektowaga, NY 14225

St Joseph Hospital
2605 Harlem Rd
Cheektowaga, NY 14225

Twin City Phys Group
c/o Niagara Frontier Cred Bur
2333 Elmwood Ave
Buffalo, NY 14217-2646

Univera Healthcare
c/o Creditors Interchange
80 Holtz Dr
Cheektowaga, NY 14225

Western Niagara Physicians
c/o CBJ Credit Recovery
117 W 4th St
Jamestown, NY 14701